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APPLICANTS
 Ann Mond Johnson, River Forest, IL;
 Tracy J. Heilman, Chicago, IL;
 Joseph Donlan, Chicago, IL;
 John Fiacco, Roswell, GA;

**** CONTINUING DATA *******

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
**** 10/04/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 15	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 3	
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS
 Ann Mond Johnson
 543 Monroe Avenue
 River Forest, IL60305

TITLE
 Method and system for consumer healthcare decisionmaking

FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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